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Bib Data Sheet

CONFIRMATION NO. 9993

<b>SERIAL NUMBER</b> 10/015,440	<b>FILING DATE</b> 12/13/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> HOOV 121	
<b>APPLICANTS</b> Michael D. Hooven, Cincinnati, OH;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 10/038,506 11/09/2001 WHICH IS A CIP OF 10/032,378 10/26/2001 WHICH IS A CIP OF 09/844,225 04/27/2001 WHICH IS A CIP OF 09/747,609 12/22/2000 WHICH CLAIMS BENEFIT OF 60/200,072 04/27/2000					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 02/22/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and <i>PDollins</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 63	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 26568					
<b>TITLE</b> Combination ablation and visualization apparatus for ablating cardiac tissue					
<b>FILING FEE RECEIVED</b> 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		